

U.S. No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19718**

JUL 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>204</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kelso Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Chaffee R. R. 1</u>			
3. NAME OF DECEASED (Type or Print) <u>JACOB</u>		a. (First) <u>JACOB</u>		b. (Middle) <u>G.</u>		c. (Last) <u>LEIBLE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>December 12, 1876</u>		9. AGE (in years) (last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Hamburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>George Lieble</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Reicher</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Leible</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louise Leible Chaffee, Mo. R1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES <u>Hypertention</u> DUE TO (b) _____ DUE TO (c) _____				<u>1 yr.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jun. 20 1952</u> , to <u>Jun. 27 1952</u> , that I last saw the deceased alive on <u>Jun. 26 1952</u> , and that death occurred at <u>3-15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Sommer</u> O. M. D.				23b. ADDRESS <u>Illmo, Mo.</u>		23c. DATE SIGNED <u>6-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustine Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kelso, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-30-52</u>		REGISTRAR'S SIGNATURE <u>W. C. Sommer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0167

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Wergal H. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Scurdeny*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.